## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(t), to: Mail Mail Stop ISSUE FEE Commissioner for Patients P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Mase: Use Black I for tray change of address)

10/15/2007

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INSTRUCTIONS: This form should be used for passarsiting the ISSUE FEE and FUBLICATION FEE (if required), Blocks 1 through 5 should be completed where supported All further compositions including the Facts, through orders and profiles of distillations of distillations of the support of the support of the Facts of the State of the Note: A certificate of making can only be used for domestic smallings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional papers, such as an assignment or formal drawing, must have in over certificate of making or transmission.

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APPLICATION NO.	FILING DATE		PIRST NAMED INVENTO		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/565,182 05/31/2006			Rolf-Juergen Recknagel		101914062	9261
TITLE OF INVENTION:	IMPACT SENSOR A	ND METHOD FOR TES	TING THE SAME		·	
APPLIN. TYPE	SMALL ENTERY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	FRE TOTAL PER(S) DUE	DATE DUS
nemprovisional	NO	\$1440	\$390	\$0	\$1740	01/15/2008
EXAMPLE AR		ARTUNIT	CLASS-SUBCLASS	]		
RAEVIS, ROBERT R		2856	073-001380			
<ol> <li>Change of correspondence address or indication of "Fee Address" (J7 CFR 1.53).</li> <li>Change of correspondence address (or Change of Correspondence. Address from TUGSM122) statechol.</li> <li>Fee Address" indication (or "Fee Address" indication from FUGSM47, Ray G-02 or more recent) attached. Use of a Customer Verniber in required.</li> </ol>			2. For priving on the pattern front peaps, for (1) the reason of the 10 to 13 registered potent attenuery or agent OR, alternatively, (2) the same of a single first (having as a member a 2 registered pattern attenuery or agents. If no assets in 12 registered pattern attenuery or agents. If no assets in 13			
(A) NAME OF ASSIGNEE  Robert Bosch GmbH			a data will appear on the plates. If set uniques is identified below, the document has been filed for Ta solvichia for lings an insignation. (8) RENDENCE: (CITY and STATE OR COUNTRY)  Stuttgart, Federal Republic of Germany			
Please check the appropria	te assignos category or	categories (will not be p	rinted on the patent) :	Individual 🔁 Co	epuration or other private grou	peakity Government
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